9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00529

Reg. Dist. No

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Mt. Lake Park				State Maryland County Garrett	0, 000 000 000 000 000 000	
(If outside city or town limits write RURAL and give nearest town)				Mt. Loke Park		
How long in above p	lace of death?	days		(17 outside city or town limits, write RURAL and give neare	est town)	
Hospital, Institution	, or street address where d	eath occurs	:0:	Street No. (If roral, give LOCATION)		
U long in boonis	al or Institution?			2.(a) If veteran, name war		
3. (a) FULL NA				3. (b) Social Security N	nmhar	
	liam Clare	naa	Alexander	5. (0) Social Security IV	ampet	
4. Sex	5. Color or race		rie, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		ingle		70.000	
marc	WILLOC		111810	20. DATE OF DEATH January 30, 48		
6.(b) Name of hush	and or wife			21. I CERTIFY that death occurred on the data above stated; that I attended decease	ed from	
			(c) If alive, give ageyears	1-3-48 19 to 1-30-4	19	
	ay, yr.) January			and that I last saw halive on	10	
	ears Months	Days	If less than one day	Immediate capse of death	OURATION 1 days	
-		28				
N	It. Lake Pa	rk:	Garrett Co., Mc		000000000000000000000000000000000000000	
9. Sirthplace		ounty, and		Due to	***************************************	
10. Usual occupat	onno			Due to.		
11. Industry or bus	iness			Due 10	000000000000000000000000000000000000000	
The second secon	nton W. Al	exan	der	Dither conditions.		
12. Name BE	Breedlove,	W.	Va.			
₩ 13. Bittiplace	Nora Alma	But	ler	(Include pregnancy within 3 months of death)		
14. Maldon na	Freeport,	107 77		Major findings of operations		
	enton W. A			- Date of op		
16. Informant				Actorsy results	atistically.	
	. Lake Par			22. VIOLENCE: If death was due to external causes, fill in the following;		
Buri	al tion, or removal. Which?)	Date the	Feb. 1, 1948 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, crems	tion, or removal. Which?)	le Ce	(month) (day) (year)			
Cemetery or crematory Deer Park, Md.				Where did injury occur?		
Location	Deel rai	K. 9 IVI	0.	Injured at home, farm, Industry, public place (where?)		
18. Funeral direct	Verlier	4	Leighton	Means of Injury Injured at work?		
Address	Oakland,	Md.	7///	63 - 150 A 10 4		
Address /	11 15	1	1. 11	23. SIGNATU M.D. or	other 1.0	
19, O	y régistrar)	1/2	Lu () / OWAN	The state of the s	other _48	
(Date 166 U D	J registrary	1	* NCB LISTE BI	Maicas agir alguer		



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9.45-15M

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

Reg. Dist. No.

1. PLACE OF DEATH: Garrett				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)		
Oakland				Maryland. Garrett		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				Oakland		
How long in above place	of death?	onths	***************************************	(If outside city or town limits,	, write RURAL end give near	rest town)
Hospitat, Institution, or	Street address where de	eath occurred		Street No. 8th Street		
0011	Doreer		***************************************	(If rural, give	LOCATION)	
How long In hospital or	Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security 1	Number
Effie					695 gas gas had gas	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	1	rried	20. DATE OF DEATH January 6,	1948	5:30 A.
# (h) Name of husband	or wife T. J.	Cahi	.11	21. I CERLIFY that death occurred on the date above		
6.(c) Mains of Husband	VI WIIC		48	Mar. 1		
7. Birth date of	M 0E) If alive, give ageyears	and that last saw h		19 48
deceased (mo., day, y	.) May 25	, 190	3	1		OURATION
8. AGE: Years		Oays	If less than one day	Immediate caose of death. OCC	lucion)	oonay ton
44	7	12	hrsmin.			
Ty]	Ler Co.,	W. Va	•	Due to.	***************************************	
9. Birinplace	House Wi	ounty, and a	tete)	Due 10		400000000000000000000000000000000000000
10. Usual occupation	House Wi	re				
	Own Home	е		Oue to	***************************************	***************************************
S.	B. Conne	r,			***************************************	***************************************
12. Name	lyler Co.	W	Vo.	Other conditions		***************************************
	Ella Cup	n	VA. •	(Include pregnancy within 3 m	onths of deeth)	
14. Maiden name		***************************************	77	Major findings of operations		
₹ 15. 8irthptace	Tyler Co		va.		Oate of op	****
18. Informant	. J. Cahi	************	= = 00 00 00 00 00 00 00 00 00 00 00 00	Autopsy results		
Address OS	akland, Me	d.		PHYSICIAN: Please underline the cause to whi	ch death should be charged a	statistically.
Burial			Jan. 10, 1948	22. VIOLENCE: If death was due to external caus	ies, fill in the following:	
(Buriai, cremation	or removal. Which?)	Oate there	(month) (day) (year)	Accident, suicide, or homicide	Oate of	
Cemetery or cremato	Masonic	Ceme	tery	Where did injury occur?(City or town)		/ C% _ A _ }
AND THE RESERVE AND THE PARTY OF THE PARTY O	st Union	. W.	Vac			
Location	5/- // J	A	7)- 01	Injured at home, farm, Industry, public place (wh	Injured at work?	
18. Funeral director/ Verley T. Reightion			reco-mon	mounts or injury	111,000 01 1101.11	
Address	Dakland,	Maryl	and.	8 / / /	a mon to a	
	10. 1948	20.	al al Naws	23. SIGNATURE Q. J. d. J	М. D. о	or other 1./0/
(Date rec'd by res	gistrar)	7	Registrar	Address Dalluster	Oate signed.	18/88



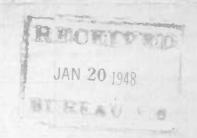
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

00531 Rog. Dist. No. 162

1. PLACE OF D	Garett		(For newborn infants give residence of mother)		
County	and arrill	<u>a</u>	state Md Co	ounty Garett	
City or town. Friendsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			City or town Friendsville (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospital	or institution?		2.(a) I1 veteran, name war		
3. (a) FULL NAM				3. (b) Social Security	Number
James Henry Fike				None	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
M	W	Married	20. DATE OF DEATH January		. 6
6.(b) Name of husband or wife Catherine Fike 6.(c) If alive, give age 47 7. Birth date of deceased (mo., day, yr.) March I4-I884			21. I CERTIFY that death occurred on the date at 18 and that I last saw h	bove stated; that I attended dece	ased from 19.7. \$
8. AGE: Yea 63	mrs Months	Days If less than one day 3 mir	Immediate cause of death	ardifis	DURATION 2/2/4/40
1D. Usual occupation	Retired	Garett Co Md county, and state) I Farmer	Due to		
12. Namo Ja 13. Birthplace	Not Kno	xe owen	Dther conditions		
14. Malden nam 15. Dirthplace	France	es Fraz (e	(Include pregnancy within 3		
			_ -	Date of op	
		ne Fike	PHYSICIAN: Please anderline the cause to		
Address Friendsville Md Burial Burial Baie thereof I-I9-I948 (Burini, cremation, or removal, Which?) Cemetery or semators? Priendsville Addisons			22. VIOLENCE: If death was due to external or Accident, suicide, or homicide	Date of	
Location Prismagnitte Ma addison, Pa.			. Injured at home, farm, Industry, public place (where?)	
18. Funeral director	antsville	\sim	Means of Injury	Tepfer M. D. M. D.	B
19. Date rec'd by	/ N 19 4 8	Ethel Broodvater Registra		M. D. Date eigned	A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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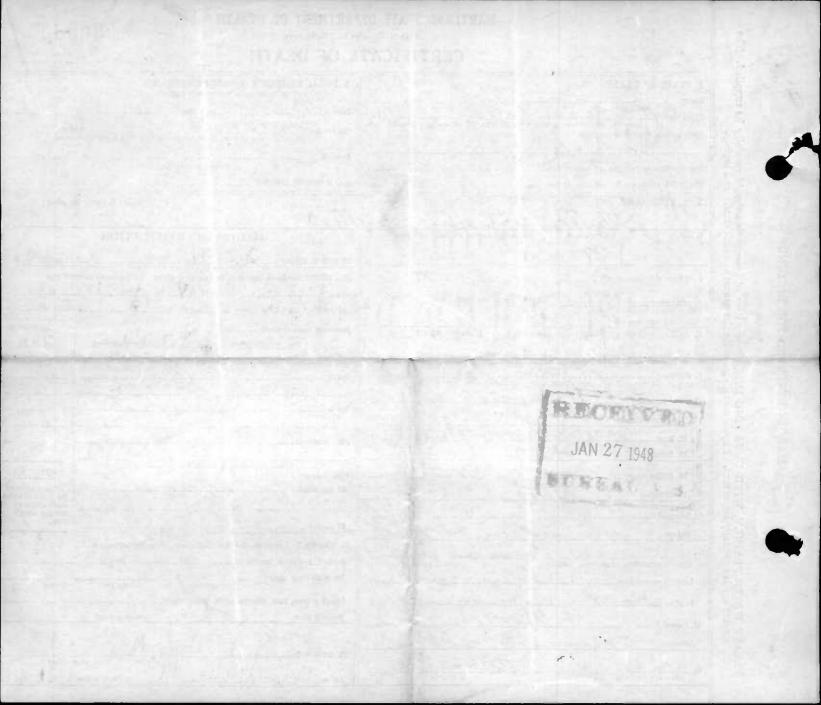
00532

CERTIFICATE OF DEATH

		1	1	-	
		M	~1		
 Diet	No		~		

CERTIFICA	Reg. Diat. No
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL NEAR and give town)
Stay in hospital or inst. (yrs., or mos., or days)	Street No
3. (a) FULL NAME Wellow hoses he for	Athe (Foreythe) 3. (b) Social Security Number
4. Sex 5. Color or race 6.(-) Single, maryled, widows diseased	MEDICAL CERTIFICATION 20. DATE OF DEATH Jan 18 1948 at 6 C. M
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 19 48. and that I last saw h 1 - bo _ alive on
11. Industry or business 12. Name Josepho Forsythe 13. Birthplace 14. Maiden name Ana Jarray 15. Birthplace 16. Usual occupation Analysis of the second	Due to Differ conditions Conditions Differ conditions Dif
Address Accellatory Date thereof Accellatory (month) (day) (year)	Df autopsy charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Date of
Location Mean Tribulation Location Mean Manual director dir	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Injured at work?
Address Freuelszele m 19. Jun 21 1948 Nathryn Like	23. SIGNATURE St. X. Hover M. J. M. D. or other

MARGIN RESERVED FOR BINDING



Date rec'd by registrar)

PLEASE WRITE PLAINLY, is especially VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICAT	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) State County City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Thomas Lemas	3. (b) Social Security Number 386. 85-5348 A
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced Marriage Marriage 1. Ma	MEDICAL CERTIFICATION 20. DATE DE DEATH. SELECTION 16 19 48 at 10 4 M
6.(b) Name of husband or wife	21. I CERTIFY that learn occurred no the date about stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Abr. 3- 18,99 (1879)	and that t tast saw kalive on
8. AGE: Years Months Days If less than one day 9, 23 hrs. min.	Immediate cause of death OCCUESED DURATION
9. Birthplace (Town county, and state)	Due to.
10. Usual occopation	Due to
12. Name MAN Annual State of the State of th	Dther conditions
14. Maiden name Cose & Poet' 15. Birthplace MA	(include pregnancy within 3 months of death) Major findings of operations
16. Informant Joldin Storell Address 1000 5 Glassin Mc. h.	Autopsy results
17. Buttial. (Burlai, cremation, or removal, Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, aulcide, or homicide
Location Tremelogy The Tremelogy The Tremelogy The Company of the	Where did injury occur?
18. Funeral director AM Acute	Meana of Injury Injured at work?
Address mendoreld mel	23. SIGNATURE & SARLYMAN TON'S. TES.
19. Jan 21 19.48 Kathryn Fike	Ockland M. D. or other

Registrar

MODELL CERTIFICATION of it di mount Stores a the season? 12 Jan 1990 (100 10 0) RECENTANT JAN 27 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00531

M. D. or other

.. Date signed

CERTIFICAT	E OF DEATH Reg. Diat. No.			
I. PLACE OF DEATH: Garrett County	State Mary Land County Garrett City or town Mt. Lake Park (If outside city or town limita, write RURAL and give nearest town) Street No.			
	000 000 000 000 000			
Male S.(a)Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 12, 148, 218:45A			
Jennie Green Fulmer 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Tarch 24- 19.45 to January 124sh/8. and that I last saw h is allye on January 10- Immediate cause of death. Heart Failure. DURATION			
87 5 8	Due to Malnutrition and Run down			
f1. Industry or business Coal Mine William Fulmer 12. Name Germany	Other conditions			
14. Malden name Julia Lower 15. Sirthplace Garrett Co., Md.	(Include pregnancy within 8 months of death) Major fiedings of operations			
16. Informant John A. Fulmer	Antopsy results			
Address Moto Bake Fark, Md. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof (month) (day) (year) Valley Cemetery Location. Mi. So. Oakland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			

23. SIGNATURE

Address.

Oakland larwland

awan

Registrar

9.45-15M PLEASE A15

18. Funeral director Verker

(Date rec'd by registrar)

Address

Oakland,

Maryland.

Clia



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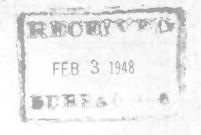
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00535 166

1. PLACE OF DEATH: Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Oakland, Maryland (If outside city or town limits, write I How long in above place of death? Life t Hospital, institution, or street address where death occurre	ime	State Maryland Couc City or town Oakland, Md. (If outside city or town limits, Street No	, write RURAL and give n	enrest town)
How long In hospital or Institution?	***************************************	2.(a) If veteran, name war	19 *** *** *** *** *** *** *** *** *** *	
3.(a) FULL NAME Marybelle Mille	er.		3. (b) Social Security None	Number
	ie, married, widowed, or divorced	MEDICAL CE	RTIFICATION	P.M.
Female White	Single.	20. DATE OF DEATH January 12		
8,(b) Name of husband or wite	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above 2 / No V. 19.	47 1012 JA	N 19 48
deceased (mo., day, yr.) June 8th,	1074	Immediate cause ul death MyocAK		
8. AGE: Years Months Days	hrs. min.	FAILURE	***************************************	12 HOURS
9. Birthplace Piedmont, W. V. (Town, eounty, and 10. Usual occupation House Wife. 11. Industry or business	a . state)	Due to METASTATIC X CELL LYMPHOS Due to		Oct. 4X?
E 12 Name George Miller 13. Birthplace Somerset, Pa		Dther conditions		***************************************
14. Maiden name Busan E. Uft 15. Birthplace Oldtown, I	futt.	(Include pregnancy within 3 m	As ABOUE	
Miss Margaret Margaret Margaret Makland, Md.	Miller.	Autupsy results MOT DONE PHYSICIAN: Please underline the cause tu whi	ich death shuuld be charged	
Burial Oate ther (Burial, cremation, or removal, Which?) Cemetery or crematory Oakland (Jan. 15/48 (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Date of	
Location Oakland, Mary		(City or town) Injured at home, farm, industry, public place (who	ere?)	(State)
18. Funeral director Caracter Address Oakal & Caracter Ca	Whis a hower	Maans of Injury 23, SIGNATURE Howa	Injured at work?	fr Can 48



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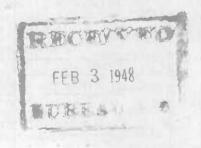


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Mt. Lake Park Rural				State Maryland County Garrett	
City or town(If o	utside city or town li	mits, write R	URAL and give nearest town)	Runol Wt Toles Deal-	100101
Kow long in above place	of death?	rs.		City or town Lift outside city or town limits, write RURAL and give nearest town) Street No. Lake Park	*****
Hospital, Institution, or	street address where	death occurred		Street No. 12 Mi. So. Mt. Lake Park	
			•••••••••••••••••	(If rural, give LOCATION)	
How long in hospital or	Institution?		***************************************	2.(a) If veteran, name war.	
3. (a) FULL NAME				3. (b) Social Security Number	
	la Queer			****	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Wi	dowed	20. DATE OF DEATH January 13, 1948 6:15H	
8.(b) Name of husband	or wife Willi	am Mo	on	21. I CERTIFY that we had occurred on the date above stated; that I etfended deceased from	18
) If alive, give ageyears	10 10 10 10 10 10 10 10 10 10 10 10 10 1	I.U.
7. Birth dafe of deceased (mo., day, y	., Februar	y 20.	1854	and that I last say he fr. alive on	
8. AGE: Years	Months	Days	It less than one day	Immediate cause at leath DURATIC	316
93	10	24	hrs min.	Musiardial devent	******
9. 8irthplace. Som	erset Co	. Pa	•	Due ia	.00400000
	(Town,	county, and st	cate)	Due 10.	
1D. Usual occupation	House Wi	I'e	***************************************		******
11. Industry or business	Own Hom	18		Due to	
	rad Quee	r			*******
12. Name	omerset	Co.	Pa .	Other conditions	
13. Birinplace	Elizabet	h Lon	g	(Include pregnancy within 3 months of death)	
14. Malden name 15. Birthplace	omerset	Co.	Pa.	Major fiadings of operations	
MIT. D	0 11 0 1/0	Wilson	n	Date of op.	*******
16. Informant Mt	• Lake P	ark.	Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Burial			Jan. 16. 1948	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation,	or removal. Which?)	Dale there	(month) (day) (year)	Accident, suicide, or homicide	
Wm. Moon farm Cemetery				Where did injury occur? (City or town) (County) (State)	
Cemetery or crematory			ola Donle Md	i a	
Location 12 Mir. So. Mt. Lake Park, Md.			ake rark, Md.	Injured at home, farm, Industry, public place (where?)	*******
18. Funeral director		ty	eughlon	Means of Injury Injuped at work?	7
Address/	Oakla	nd, Me	ary land.	Handle Jokagn Mil	V.
19. 1/16/	1048	tu	lia a. Kowan	23. SIGNATURE M. D. or other	0
(Date rec'd by reg	istrar)		Registrar	Address Dafe signed 13-4	٥



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

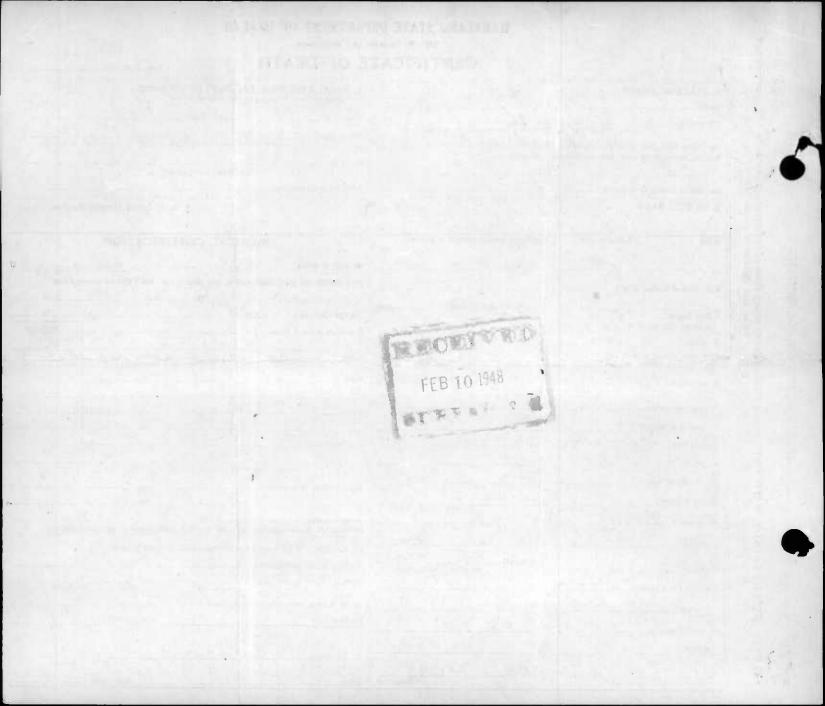
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	City or town
Hospitat, Institution, or street address where death occurred:	
•	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
7 D 71	J. (V) Doctal Decurity Mamoer
4. Sox 5. Color or raco 6.(a) Single/married, widowed, or divorced	Vage
4. Sox 5. Color or raco 6.(a) Singley married, widowed, or divorced	MEDICAL CERTIFICATION
111. It enfant	20. DATE DE DEATH AMERICA SO 1910 , at 4T. M
	21. I CERTIFY that doath occurred on the data above stated: that I attended decoaced from
8.(b) Name of husband or wife	Chum Della Hall 19
7. Birth date of 7. 3.5 (c) If alive, give ageyears	and that I last eaw halive on
deceased (mo., day, yr.) Usegurof 73 - 1947	Immediate cause of death
8. AGE: Years Months Days If less than one day	4
//hrsmin.	Grow Chial Menuoma
9. Birthplace TILAN Frenchille Brist Co 7176	Duo to.
(Town, county, and state)	Suy 10
10. Usual occupation.	Due to
11. Industry or business	DUE 10
	Other conditions
12. Name Darlin , Alway 2	
at Ace	(Include pregnancy within 8 months of death)
14. Maiden name.	Major findings of operations
15. Sirthplace Www	Date of op.
16. Informant 1927. Bearing The most	Autopsy results
Address Friends 100 mel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / Brenness / He	22. VIOLENCE: It death was due to external causes, fill in the following;
17. (Burial, cremation or removal Which?) Date theroof. (month) (day) (year)	Accident, suicide, or homicide
14/	Where did injury occur? (City or town) (County) (State)
Cemetery or oremstory	
Location Location The Land	Injured at homo, farm, Industry, public place (where?)
18. Funeral director. 24 24 Danielea	Means of Injury Injured at work?
Addross Frenchmale Md	E J Charles I was to share
2017	23. SIGNATURE M. D. or better)
19. 7 (C) ate rec'd by registrar) 1948 (Cathraga + Me Registrar	Address Dakleve mo Dato signed 1/48
(Date rec'd by registrar) Registrar	Address

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sist especially important. Physicians: please write the causes of death clearly addlegibly.

sorrect age



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

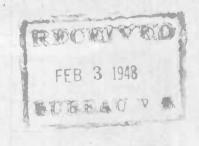
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CERTIFICATE OF DEATH

Reg. Dist. No.

County				(For newborn infants give residence of mother) Maryland State	
John	Sisler				
Male	5. Color or race White		narried, widowed, or divorced	MEDICAL CERTIFICATION January 25, 48 2:25A	
8.(b) Name of husband 7. Birth date of deceased (mo., day,	Tie hwar		Sisler 70 Hallve, give age years	21. I CERTIFY that death occurred on the date above stated: that I attended decayed from	
8. AGE: Year	s Months	Days 18	If less than one dayhrsmin.	Cereme Demarkage	
10. Usual occupation. 11. Industry or busines	Farmer s Own Far fred Sisi	eounty, and a	tate)	Due 10	
13. Birthplace Somerset, Pa. 14. Maiden name Unknown 15. Birthplace Mrs. Harry Beeghley Address Oakland, Md. Burial (Burial, cremation, or removal. Which?) Cemelery or crematory Location 18. Funeral director Address Oakland, Md. 19. Wash Red House 19. Wash Red House			.ey	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE. M. D. or other M. D. or other M. D. or other	
			(month) (day) (year)		



SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

r m		00538
112	Reg. Diat.	No. 172

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
City or town	Slate County	
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or Institution?	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Many Alberta bled	ev .	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Francis white windows	20. DATE OF DEATH. 20 27 19 48 21 12: 27 M	
Town Town Town	21. I CERTIFY that death occurred on the date above stated; that Vallended deceased from	
6.(b) Name of husband or wife	21.1 CENTIFY that death occurred on the date above stated, that years had been deceased from	
7. 8irth date of	and that locat saw h.S. K. alive on	
deceased (mo., day, yr.)	Immediate cause of death	
8. AGE: Years Months Days It less than one day	a cute Myradel:	
90 2hrsmin.		
9. Birtholace	Due 10. Belubal Brunh - 1 mm	
9. Birthplace		
10. Usual occupation	Due to.	
11. Industry or business		
12. Name	Diher conditions	
₹ 13. Birthplace		
H 14. Maiden name	(Include pregnancy within 3 months of death)	
TLO .	Major findings of operations.	
≥ 15. 8irthplace	Dale of op.	
16, Informant	Antopsy results	
Address		
17 Bate thereof	22. V10LENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) (month) (day) (year)		
Cemetery or crematory	Where did injury occur?	
Lccation	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director	Moens of Injury Injured at work?	
	(/1/0/) (1/1/2)	
Address	23. SIGNATURE (algh Culquilla 14.5	
19 Jan 27 19 48 Alle Kamale	17 T. 1010 W. M. D. or other 27.4	
(Date rec'd by registrar) Registrar	Address Date signed	

Filed with Me

Jan 31-1948

By aw Barriel Deputy Regular

for branscript

R. Le, Bray Lead Reg

FEB 3 1948

(rrateage	
	rmation carefully. The codeath clearly and degibly.	
mandin thebrings of binding	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cdr is especially important. Physicians: please write the causes of death clearly and regibly.	
I I	WITH UNFADING important. Physicia	
9-45-15M	WRITE PLAINLY, is especially	

MARGIN RESERVED FOR BINDING

PLEASE

VS A15

	CERTIFICAT	TE OF DEATH Reg. Diat. N	0.166
1. PLACE OF DEATH: County Mt. Lake Park City or town. (If outside city or town limits, write RUI Yrs. How long in above place of death?. Hospital, institution, or street address where death occurred: How long in hospital or institution?	AL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother) Maryland State Mt. Lake Park (If outside city or town limits, write RURAL and g Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
Montgomery Wilson		3. (b) Social Sec	unity Number
Male White Mar	arried, widowed, or divorced ried	MEDICAL CERTIFICATION 20. DATE OF DEATH January 25, 194	
8.(b) Name of husband or wife	alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I nitender September 21, 19.46, to January 25, and that I last saw him alive on January 25, Immediate cause of death	
73 1 7 . 9. Birthplace Rail Road Track 10. Usual occupation.		Due to. Cerebral herumbogs	1/2 days
Balto. & Ohio Hall Industry or business Eliga Wilson Eliga Wilson Balto. & Ohio Md 13. Birthplace Garrett Co., Md	R. R. Co.	Other conditions / Experiments	10-12-42
Martha Nair 14. Malden name Garrett Co., M John M. Wilson	d.	(Include pregnancy within 3 months of death) Major findings of operatioss	
Address Mt. Lake Park, Md Burial Burial Baie thereof (Buriai, cremation, or removal, Which?) Daie thereof	Jan. 28, 1948	Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory Terra Alta C Terra Alta, W Location	emetery	Where did injury occur?	***************************************
Address Oakland, Maryl		23. SIGNATURE & Name Mi Address Oakland, Md. Date s	M. D. or other

